

CLAIMS ONLY								Application Number 09889230		Filing Date		
<div style="font-size: 1.5em; margin-bottom: 10px;">M/30/04</div>								Applicant(s)				
								* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
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46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.	1	1	2	2	3	3
TOTAL DER.	2	2	3	3	4	4
TOTAL CLAIMS	3	3	5	5	7	7

	*		*		*	
	IND.	DER.	IND.	DER.	IND.	DER.
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100						
TOTAL IND.	1	1	1	1	1	1
TOTAL DER.	1	1	1	1	1	1
TOTAL CLAIMS	2	2	2	2	2	2

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY